

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF <u>Chester J Sears</u>	COURT CASE NUMBER <u>05-30104 MA.F</u>
DEFENDANT <u>Chester Goula</u>	TYPE OF PROCESS <u>Summons Court</u>
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>MASS TURNPIKE AUTH</u>	
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>10 Park Plaza Suite 4160 Boston MA 02108</u>	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: <u>Chester Goula Chester J Sears</u> <u>42 Lower Terrace 110 Cherry Street</u> <u>Chicopee MA Holyoke MA 01040</u>	
Number of process to be served with this Form - 285	<u>2</u>
Number of parties to be served in this case	<u>2</u>
Check for service on U.S.A.	<u>205 JUN 27 A 7:55</u>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):  
Fold

Signature of Attorney or other Originator requesting service on behalf of: <u>Chester J Sears</u>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER <u>413 532 9475</u>	DATE <u>6/21/05</u>
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**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <u>1</u>	District of Origin No. <u>38</u>	District to Serve No. <u>38</u>	Signature of Authorized USMS Deputy or Clerk <u>Paul W. Kelly</u>	Date <u>6/21/05</u>
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I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	Date of Service <u>7/19/05</u> Time <u>12:30</u> <u>pm</u>
	Signature of U.S. Marshal or Deputy <u>W. Rosette</u>

Service Fee <u>45.00</u>	Total Mileage Charges (including endeavors) <u>—</u>	Forwarding Fee <u>—</u>	Total Charges <u>45—</u>	Advance Deposits <u>—</u>	Amount owed to U.S. Marshal or <u>—</u>	Amount of Refund <u>—</u>
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REMARKS: Mailed to USM Boston, MA on 6/21/05 for service. AS 1 hr

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF/ <b>Chester J. Sears</b>	COURT CASE NUMBER <b>05-30104 MAP</b>
DEFENDANT <b>MASSACHUSETTS TURNPIKE AUTH</b>	TYPE OF PROCESS <b>Summons Court</b>
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONCERN <b>MASS TURNPIKE AUTH</b>	
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>10 PARK PLAZA SUITE 4160 BOSTON MA 02108</b>	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: <b>MASS TURNPIKE AUTH Chester J. Sears 10 PARK PLAZA SUITE 4160 BOSTON MA 02108</b>	
Number of process to be served with this Form - 285	<b>2</b>
Number of parties to be served in this case	<b>2</b>
Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address, All Telephone Numbers, and Estimated Times Available For Service):  
Fold

Signature of Attorney or other Originator requesting service on behalf of:

**Chester J. Sears**☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

**413 532 9475**

DATE

**6/21/05****SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <b>1</b>	District of Origin No. <b>38</b>	District to Serve No. <b>38</b>	Signature of Authorized USMS Deputy or Clerk <b>Paul W. Kelly</b>	Date <b>6/21/05</b>
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I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below:☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service Time

**7/19/05 12:30 pm**

Signature of U.S. Marshal or Deputy

Service Fee <b>45.00</b>	Total Mileage Charges (including endeavors) <b>—</b>	Forwarding Fee <b>—</b>	Total Charges <b>45.00</b>	Advance Deposits <b>—</b>	Amount owed to U.S. Marshal or <b>—</b>	Amount of Refund <b>—</b>
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REMARKS:

**Mailed to USM Boston, MA on 6/21/05 for service. DS.****1 hr**

**PROCESS RECEIPT AND RETURN**

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

U.S. Department of Justice  
United States Marshals Service

PLAINTIFF <u>Chester J Sears</u>		COURT CASE NUMBER <u>05-30104-MAP</u>
DEFENDANT <u>MASS Turnpike Auth</u>		TYPE OF PROCESS <u>SUMMONS COM</u>
<b>SERVE</b> ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>MASS Turnpike Auth</u>	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>10 Park Plaza Suite 4160 Boston MA 02108</u>	
<b>AT</b>		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		
<u>Chester J Sears,</u> <u>Holyoke Soldiers Home</u> <u>Cherry St</u> <u>Holyoke MA 01040</u>		
Number of process to be served with this Form - 285		
Number of parties to be served in this case		
Check for service on U.S.A.		

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):  
Fold

Signature of Attorney or other Originator requesting service on behalf of:

Chester J Sears☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

413 532 9475

DATE

5/10/05**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
	<u>1</u>	No. <u>38</u>	No. <u>38</u>	<u>Paul Spelly</u>	<u>5/12/05</u>

I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

ANDREA BRENNAN

Address (complete only if different than shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.Date of Service  
7/19/05 Time  
12:30 pm

Signature of U.S. Marshal or Deputy

Victorville

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
<u>45.00</u>	<u>—</u>	<u>—</u>	<u>45.00</u>	<u>—</u>	<u>—</u>	

REMARKS:

1. hrk